



BlueCross BlueShield of Texas

PO Box 7344
Chicago, IL 60680-7344

OLIVIA N. CANNON

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed.
This is not a bill. Your provider(s) may bill you directly for any amount you may owe. KEEP FOR YOUR RECORDS



Customer Service Hours
8:00 A.M. - 6:00 P.M. C.S.T.
Visit our website at www.bcbstx.com/ut



Have questions about this EOB? Customer Advocates are here to help! 1-866-882-2034

TOTAL OF CLAIM

Amount Billed	\$94,031.00
Discounts, reductions and payments	-\$39.42
You may have to pay your provider	\$93,991.58

SUBSCRIBER INFORMATION
THE UNIVERSITY OF TEXAS SYSTEM

SERVICE DETAIL - CLAIM (1)

PATIENT: OLIVIA N. CANNON

PROVIDER: TRAXX MEDICAL HOLDINGS LLC

CLAIM #:

Processed: 11/14/2018

SERVICE DATE: 12/11/2017

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinurance	Amount not covered
Diag. Medical Exam	84,000.00		653.00	653.00		(i) 83,347.00
Diag. Medical Exam	6,257.00		46.07	46.07		(ii) 6,210.93
Diag. Medical Exam	2,254.00		82.36	50.93	12.57	(i) 2,171.64
Diag. Medical Exam	1,520.00		34.26		13.70	(i) 1,485.74
CLAIM TOTALS	\$94,031.00	\$0.00	\$815.69	\$750.00	\$26.27	\$93,215.31

*Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

(i) Services provided are covered up to the allowable amount. The amount billed is greater than the allowable amount for this service. You may be responsible for this amount.

Total covered benefits approved for this claim: \$39.42 to TRAXX MEDICAL HOLDINGS LLC on 11-14-18.

SUMMARY (1)

PLAN PROVISIONS	YOUR RESPONSIBILITY
Amount covered (allowed)*	Deductible and copay amount + \$750.00
Deductible and copay amount	Coinurance + \$26.27
Coinurance	Amount not covered + \$93,215.31
Total	You may have to pay your provider \$93,991.58

Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com

(A) Your Health Care Plan reduces benefits when a patient receives services from a provider that is not a member of the Participating Provider Option (PPO) network. Since you elected to receive services from a provider that is not part of this network, you are responsible for the first \$750.00 and 40% of eligible charges.

Patient: Cannon, Olivia N **DOB:****Phone:****Address:****Claim Date:** 12/21/2017 **Encounter Date:** 12/11/2017**Provider:** HUMMELL, MATTHEW K**Total Amount:** \$ 6380.00**Payments/Adjustments:** \$ 6380.00**Balance:** \$ 0.00**Claim Number:****Filing Status:** Patient**ICD Codes:**

G95.0 Acquired syringomyelia.

D17.9 Lipoma.

Q06.0 Amyelia.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units
63200 RELEASE SPINAL CORD LUMBAR		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$4,666.00	1.00
63295 REPAIR LAMINECTOMY DEFECT		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$1,035.00	1.00
69990 MICROSURGERY ADD-ON		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$679.00	1.00

Insurances:

Name

Group No.

Subscriber No.

Type

File Status

PATIENT NO:

MED REC NO:

GUARANTOR NO:

PATIENT:

CANNON, OLIVIA & NOELLE

AUSTIN

BILLING DATE

PAGE

12/20/17

ADMITTED

DISCHARGED

12/11/17

12/16/17

PAY TO ADDRESS: ST DAVIDS MEDICAL CTR
PO BOX 406167
ATLANTA
GA 303846167

BILL TO: CANNON OLIVIA NOELLE INPATIENT FC=13
[REDACTED] ADMIT THRU DISCHARGE CLAIM

DATE OF SERVICE	ATT PHYS	SERV FC	REV ROOM	ROOM AC	AND CARE CODE	ROOM DEPT	NONBILL CHARGES
12/11/17	1458	13	415AA P	NEU	110	0607	5 X 1429.00 7145.00 ,00

TOTAL ROOM AND CARE	7145.00
TOTAL NON BILLABLE ROOM AND CARE	.00
TOTAL BILLED ROOM AND CARE	7145.00

DATE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/ S PROC	HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
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250-PHARMACY						
121117	11B577	0712	440604		1-METHYLPRED ACET 40MG I	99.00-
121117	11B436	0712	444989		1 ROCURONIUM 50MG VIAL	49.00
121117	11B436	0712	442455		1 LIDOCAINE 2% 5ML SDV	49.00
121117	11B508	0712	440214		1 BACITRACIN OINT 30GM	15.00
121117	11B435	0712	440604		1 METHYLPRED ACET 40MG I	99.00
121117	11B435	0712	444986		2 THROMBIN (RECOM) 5000	996.00
121117	11B435	0712	442717		1 BUPIVACAINE .25% W/E S	49.00
121117	11B435	0712	440216		1 BACITRACIN 50,000U INJ	188.00
121117	11B540	0712	442039	409909412	1 FENTANYL 100MCG INJ	37.50
121117	11B571	0712	442039	409909412	1 FENTANYL 100MCG INJ	37.50
121117	11B571	0712	442039	409909412	1 FENTANYL 100MCG INJ	37.50
121117	11B509	0712	442039	409909412	1 FENTANYL 100MCG INJ	37.50
121117	11B540	0712	442039	JW	1 FENTANYL 100MCG INJ	37.50
121117	11B571	0712	442039	JW	1 FENTANYL 100MCG INJ	37.50
121117	11B571	0712	442039	JW	1 FENTANYL 100MCG INJ	37.50
121117	11B509	0712	442039	JW	1 FENTANYL 100MCG INJ	37.50
					SUBTOTAL:	1646.00

251-DRUGS/GENERIC

121117	11B506	0712	441106		1	OPHTHALMIC LUBRICANT	81.00
121217	12B728	0712	440227	904555159	1	DIPHENHYDRAMINE 25MG C	5.00
121217	12B728	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121217	12B646	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE PAYMENTS OR ADJUSTMENTS MADE AFTER DATE OF DISCHARGE.

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
CANNON OLIVIA NOELLE

BILLING DATE PAGE 2
12/20/17

AUSTIN

ADMITTED 12/11/17 DISCHARGED 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121317	13B022	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121317	13B873	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B157	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B083	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B279	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121517	15B495	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121517	15B461	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121617	16B527	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121617	16B563	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
SUBTOTAL:							273.00
258-IV SOLUTIONS							
121117	11B591	0715	450203	338069104	1	NS + KCL 20MEQ 1000CC	336.00
121217	12B817	0715	450049	338004903	1	NAACL .9% 500ML	272.00
121217	12B817	0715	450049	338004903	1	NAACL .9% 500ML	272.00
121217	12B833	0715	450048	338004904	1	NAACL .9% 1000ML	336.00
121217	12B651	0715	450203	338069104	1	NS + KCL 20MEQ 1000CC	336.00
121317	13B934	0715	450048	338004904	1	NAACL .9% 1000ML	336.00
121317	13B022	0715	450048	338004904	1	NAACL .9% 1000ML	336.00
121317	13B937	0715	450051	338004948	1	NAACL .9% 100ML IVPB	184.00
SUBTOTAL:							2408.00
259-DRGS/OTHER							
121117	11B608	0712	440221		1	MUPIROCIN 2% OINTMENT	163.00
121117	11B591	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121117	11B608	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121117	11B608	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121117	11B608	0712	441873	68084005711	1	METHOCARBAMOL-750	6.00
121117	11B591	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121117	11B608	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B817	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121217	12B730	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121217	12B763	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121217	12B646	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121217	12B651	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121217	12B817	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121217	12B730	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121217	12B817	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B730	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B834	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B763	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00

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CANNON OLIVIA NOELLE

BILLING DATE

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12/20/17

AUSTIN

ADMITTED
12/11/17

DISCHARGED
12/16/17

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
12/12/17	12B646	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/12/17	12B651	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/13/17	13B022	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/13/17	13B934	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
12/13/17	13B022	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
12/13/17	13B022	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
12/13/17	13B934	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/13/17	13B868	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/13/17	13B022	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/13/17	13B873	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/13/17	13B934	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/13/17	13B938	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/13/17	13B003	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/13/17	13B022	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B083	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B088	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B256	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B158	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B231	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B154	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/14/17	14B232	0712	440705	713010906	1	BISACODYL 10MG SUPP	1.00
12/14/17	14B154	0712	440706	904640761	2	BISACODYL 5MG TAB	2.00
12/14/17	14B256	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
12/14/17	14B154	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
12/14/17	14B255	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
12/14/17	14B088	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/14/17	14B256	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/14/17	14B158	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
12/14/17	14B083	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B088	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B256	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B158	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B231	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/14/17	14B154	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
12/15/17	15B329	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/15/17	15B324	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/15/17	15B400	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/15/17	15B494	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
12/15/17	15B461	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00

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PATIENT NO:
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CANNON OLIVIA NOELLE

BILLING DATE PAGE 4
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AUSTIN

ADMITTED 12/11/17 DISCHARGED 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121517	15B403	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121517	15B494	0712	443820	904642286	1	MIRALAX 17 GM POWDER	20.00
121517	15B494	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121517	15B477	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121517	15B400	0712	445334	51079088601	1	METOCLOPRAMIDE 5 MG TA	4.00
121517	15B329	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121517	15B329	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B324	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B400	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B494	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B461	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B403	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121617	16B526	0712	443057	406055223	1	ROXICODONE 5MGTAB	14.00
121617	16B549	0712	440706	904640761	2	BISACODYL 5MG TAB	2.00
121617	16B549	0712	443820	904642286	1	MIRALAX 17 GM POWDER	20.00
121617	16B549	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121617	16B550	0712	441635	68084015411	1	PROMETHAZINE 12.5MG TA	6.00
121617	16B526	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121617	16B550	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
						SUBTOTAL:	1591.00

270-MED-SURG SUPPLIES

121117	11B435	0712	440886	1 GELFOAM-100 SPONGE	153.00
				SUBTOTAL:	153.00

272-STERILE SUPPLIES

121117	11B570	0718	281320	1 SET IV ADM 90IN 3ML PR	65.00
121117	12B820	0718	272894	1 SURGICEL ABS 4X8IN	561.00
121117	12B820	0718	273784	1 TOOL DSCT MDSRX 140X3	1203.00
121117	12B820	0718	276907	1 TELFA	1.00
121117	12B820	0718	313749	1 ELCTR D BLDE 6.99 INSUL	1415.00
121117	12B820	0718	314845	1 BUR LGND 8 2.3 TPS ELT	806.00
121117	12B820	0718	329117	2 SURGFLO HEMOS MATRX KI	3720.00
121117	12B820	0718	265416	1 SUTURE PRLN CT1 BLU842	37.00
121117	12B820	0718	266780	2 SUTURE VCRYL O J840D	318.00
121117	12B820	0718	272533	1 WAX BN 2.5GM HMSTC AGN	68.00
121117	12B820	0718	272703	2 SUTURE VCRYL 2-0 J762D	370.00
121117	14ETUB	0718	280455	1 CENTRAL SERVICE SUPP	5230.00
121217	13B001	0718	319311	1 SET ADM IV 125IN 20 GT	66.00
				SUBTOTAL:	13860.00

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CANNON OLIVIA NOELLE

BILLING DATE PAGE 5
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AUSTIN

ADMITTED 12/11/17 DISCHARGED 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
278-SUPPLY/ IMPLANTS						
121117	12B820	0717	314028	1	GRAFT BN DBM PUTTY 5CC	6467.00
121117	12B820	0717	278418	26	SCREW SELF DRILLING 4M	22048.00
121117	12B820	0717	312181	1	PLATE BN 12MMX.5MM STR	750.00
121117	12B820	0717	322961	8	PLATE BN .5MM STR CRNM	6000.00
					SUBTOTAL:	35265.00
301-LAB/CHEMISTRY						
120817	08B124	0736	290915	1	BMP TOTAL CALCIUM	623.00
					SUBTOTAL:	623.00
305-LAB/HEMATOLOGY						
120817	08B124	0736	291091	1	PROTIME	271.00
120817	08B124	0736	290027	1	PTT	311.00
120817	08B124	0736	290015	1	CBC	240.00
					SUBTOTAL:	822.00
307-LAB/UROLOGY						
121117	11B432	0736	290086	1	PREG URINE QUAL	179.00
					SUBTOTAL:	179.00
310-PATH/LAB						
121117	11B502	0732	300502	1	SURG PATH LEVEL 3	640.00
121117	12B800	0732	300502	1	-SURG PATH LEVEL 3	640.00-
121117	12B793	0732	300503	1	SURG PATH LEVEL 4	823.00
121117	12B793	0732	300927	1	IHC AB STAIN	589.00
121117	13B025	0732	300503	1	-SURG PATH LEVEL 4	823.00-
121117	13B020	0732	300504	1	SURG PATH LEVEL 5	977.00
					SUBTOTAL:	1566.00
360-OR SERVICES						
121117	12B820	0701	221003	1	SURGERY LEVEL 4	10898.00
121117	12B820	0701	221006	279	OR TIME PER MIN	16461.00
					SUBTOTAL:	27359.00
370-ANESTHESIA						
121117	12B820	0722	270001	1	ANESTHESIA 0-60 MIN	1563.00
121117	12B820	0722	270002	9	ANESTHESIA EA ADD'L 30	4608.00
					SUBTOTAL:	6171.00
420-PHYSICAL THERP						
121317	13B998	0762	490146	1	GAIT TRAINING 15 MIN P	125.00
121417	14B227	0762	490146	2	GAIT TRAINING 15 MIN P	250.00
121517	15B458	0762	490155	1	THER ACTIV DIR 15 MIN	160.00
					SUBTOTAL:	535.00

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PATIENT NO:
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CANNON OLIVIA NOELLE

BILLING DATE PAGE 6
12/20/17

AUSTIN

ADMITTED 12/11/17 DISCHARGED 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
424-PHYS THERP/EVAL						
121317	13B998	0762	674506	97163GP	1 EVAL PT HIGH COMPLEX SUBTOTAL:	572.00 572.00
430-OCCUPATIONAL THERAPY						
121317	13B998	0766	490236	97530GO	3 THER ACTIV DIR 15 MIN	480.00
121417	14B194	0766	490237	97535GO	1 SELF/HOME ONE/ONE 15M	160.00
121417	14B194	0766	490236	97530GO	1 THER ACTIV DIR 15 MIN SUBTOTAL:	160.00 800.00
434-OCCUP THERP/EVAL						
121317	13B998	0766	490854	97167GO	1 EVAL OT HIGH COMPLEX SUBTOTAL:	463.00 463.00
636-DRUGS REQUIRING DET CODE						
121117	11B436	0712	712306	J2250	2 MIDAZOLAM 2 MG INJ	73.00
121117	11B436	0712	712182	J3010	3 FENTANYL CIT 0.25 MG I	73.00
121117	11B436	0712	712306	J2250	2 MIDAZOLAM 2 MG INJ	73.00
121117	11B436	0712	712705	J2704	400 PROPOFOL 1000 MG INJ	372.00
121117	11B436	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121117	11B436	0712	712139	J1100	4 DEXAMETH NA PHOS 4 MG	48.00
121117	11B508	0712	712127	J0690	2 CEFAZOLIN 1 G VL	86.00
121117	11B436	0712	712521	J3490	1 CMPD-HYDROMORP 1000MCG	73.00
121117	11B436	0712	712139	J1100	4 DEXAMETH NA PHOS 4 MG	48.00
121117	11B436	0712	712689	J7999	1 CMPD KETMN 100MG 10S	71.00
121117	11B591	0712	712127	J0690	4 CEFAZOLIN 1 G VL	172.00
121117	11B509	0712	712521	J3490	1 CMPD-HYDROMORP 1000MCG	73.00
121117	11B571	0712	712521	J3490	1 CMPD-HYDROMORP 1000MCG	73.00
121117	11B571	0712	712521	J3490	1 CMPD-HYDROMORP 1000MCG	73.00
121117	11B540	0712	712688	J7999	1 CMPD HYMOR 11MG 55S	273.00
121217	12B731	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121217	12B817	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121217	12B646	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121217	12B646	0712	712127	J0690	4 CEFAZOLIN 1 G VL	172.00
121217	12B646	0712	712688	J7999	1 CMPD HYMOR 11MG 55S	273.00
121217	12B763	0712	712158	J1885	2 KETOROLAC 30 MG INJ	48.00
121217	12B817	0712	712158	J1885	2 KETOROLAC 30 MG INJ	48.00
121317	13B868	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121317	13B935	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
121317	13B937	0712	441871	J2800	1 METHOCARBAMOL 1G/10ML	436.00
121317	13B868	0712	712158	J1885	2 KETOROLAC 30 MG INJ	48.00
121317	13B937	0712	712139	J1100	4 DEXAMETH NA PHOS 4 MG	48.00

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE PAYMENTS OR ADJUSTMENTS MADE AFTER DATE OF DISCHARGE.

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
CANNON OLIVIA NOELLE

BILLING DATE PAGE 7
12/20/17

AUSTIN

ADMITTED 12/11/17 DISCHARGED 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ PROC	HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121617	16B550	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
						SUBTOTAL:	3109.00
710-RECOVERY ROOM							
121117	12B820	0704	260006		1	RECOVERY 0-30 MIN	1395.00
121117	12B820	0704	260007		1	RECOVERY EACH ADD'L 30	448.00
						SUBTOTAL:	1843.00
999-NON CHGS							
121117	11B510	0728	350298		1	REQUEST FOR SERVICE	.00
						SUBTOTAL:	.00
						TOTAL ANCILLARY CHARGES	99238.00

DATE OF PAYMENT	BATCH REFER	PAY TYPE	INS PLAN	BILL THRU DT	DESCRIPTION / COMMENT	AMOUNT
12/11/17	11IB01	1	960549		HPS PMT MASTERCARD	1,622.16
					TOTAL PAYMENTS	1,622.16
					TOTAL CHARGES	106383.00
					PAYMENTS	1622.16
					ADJUSTMENTS	.00
					BALANCE	104760.84

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE PAYMENTS OR ADJUSTMENTS MADE AFTER DATE OF DISCHARGE.